

**M'CHIGEENG FIRE DEPARTMENT**75 Bebonang St.  
M'Chigeeng, ON P0P 1G0

**APPLICATION FOR MEMBERSHIP TO THE  
M'CHIGEENG FIRE DEPARTMENT**

<b>PERSONAL INFORMATION</b>	
FIRST NAME	LAST NAME
STREET ADDRESS	
MAILING ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

<b>EDUCATION/EMPLOYMENT</b>	
HIGHEST GRADE OR LEVEL EDUCATION ACHIEVED:	
ARE YOU CURRENTLY EMPLOYED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, NAME OF EMPLOYER	

<b>QUALIFICATIONS (check yes or no)</b>	
DO YOU HAVE A VALID DRIVERS LICENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU OVER THE AGE OF 18?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE ANY PREVIOUS FIREFIGHTER EXPERIENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE ANY DIFFICULTIES READING OR SPEAKING ENGLISH?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU ABLE TO COMPLETE MOST PHYSICAL TASKS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU POSSESS A VALID 1 <sup>ST</sup> AID AND CPR "C" CERIFICATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU ABLE TO ATTEND TRAINING ON WEEKENDS OR EVENINGS?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**READ THE FOLLOWING CAREFULLY THEN SIGN AND FILL-IN TODAY'S DATE.**

I hereby declare that the information I have provided is true and complete to the best of my knowledge. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal. I understand that all gear, protective clothing, pagers, keys, other equipment and supplies remain the property of the M'Chigeeng Fire Department and must be returned upon request.

SIGNATURE:	DATE:
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